



For Office Use Only: Application No.: _____ Received: _____ Filed: _____

Applicant (Legal Entity Providing Insurance)	Doing Business As	Taxpayer ID Number
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Contact Person Name		Mailing Address Street		
Phone Number	Email Address	City	State	Zip

<p><i>Please attach a site map (an aerial image) of the site, with event boundaries clearly identified.</i></p>	Event Location (Street Address or Description)
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Event Information:

Event Date(s):	Setup Date(s):	Teardown Date(s):
Event Start Time(s):	Event End Time(s):	Setup Time(s):
		Teardown Time(s):

Event Type (e.g. Carnival, Concert, etc.):	Event Name:
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Detailed Event Description:

*Please be as detailed as possible. Include the type of event, equipment that will be used, physical site improvements, road closures, restrooms, vessel berthing, estimated attendance, daily work force, security/crowd control, etc. Please describe in detail, everything selected in the following sections. **Please submit a separate document for your project description if this section does not provide enough room.***

Activities/Equipment:

Please check all boxes that apply to your event. Each item must be explained in detail in your project description.

<input type="checkbox"/> Work in or Near Water <input type="checkbox"/> Use of Aircraft Type: <input style="width: 150px;" type="text"/> <input type="checkbox"/> Use of Watercraft Type: <input style="width: 150px;" type="text"/> <input type="checkbox"/> Use of Fireworks <input type="checkbox"/> Paving <input type="checkbox"/> Grading <input type="checkbox"/> Work within 50 feet of Railroad Tracks <input type="checkbox"/> Road Closures <input type="checkbox"/> Traffic Control <input type="checkbox"/> Detours	<input type="checkbox"/> Tables and/or Chairs <input type="checkbox"/> Bleachers <input type="checkbox"/> Tent(s) Size: <input style="width: 80px;" type="text"/> Amount: <input style="width: 80px;" type="text"/> <input type="checkbox"/> Fencing <input type="checkbox"/> Equipment Installed by Applicant <input type="checkbox"/> Equipment Installed by 3rd Party 3rd Party: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Lighting (Installed by Applicant) <input type="checkbox"/> Liquor Served and/or Sold <input type="checkbox"/> Utility Connection Type: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Portable Restrooms Amount: <input style="width: 100px;" type="text"/>
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Soil and/or Groundwater:

National Pollution Discharge Elimination System (NPDES) permit from the Regional Water Quality Control Board is required for any wastewater discharge to a storm drain or surface water and an Industrial Waste Discharge Permit from the Bureau of Sanitation is required for any discharge to the sewer system.

Permits for water/wastewater discharge have been obtained. Yes No

Permit No.:

The proposed project will involve disturbance to the ground or pavement at the project site (i.e. ANY excavation, potholing, grading, dredging, boring, etc.): Yes No

Note: Projects involving ground invasive activity at the project site may be subject to environmental permit conditions. Certain activities, i.e. dredging, may involve additional regulatory constraints and generally require additional processing time.

Type:

- Grading
- Landscaping
- Excavating
- Paving
- Compacting
- Boring
- Other

Dimensions:

Amount:

Other:

Hazardous Materials and Waste Disclosure:

Note: Hazardous materials include substances that are flammable, toxic, corrosive, or reactive and can also be described as having shown, through experience or testing, to pose a hazard or threat to the public health due to its carcinogenicity, acute or chronic toxicity, bio-accumulative properties, or persistence in the environment.

According to State Law, hazardous waste has been defined as "waste or combination of waste which because of its quantity, concentration, or physical, chemical, or infectious characteristics may either: (1) cause or significantly contribute to an increase in mortality or an increase in serious irreversible or incapacitating reversible illness or (2) pose a substantial potential hazard to human health or environment when improperly treated, stored, transported, or disposed of or otherwise managed."

Federal hazardous wastes are defined in Title 40, Code of Federal Regulations (40 CFR) and California State hazardous wastes are defined in Title 22, California Code of Regulations (22 CFR). It is the responsibility of the generator of hazardous waste to properly identify and handle the waste.

The proposed event will involve the use, manufacture, treatment, production, storage or disposal of:

Hazardous/Flammable Material/Other Chemicals Yes No

Hazardous Waste Yes No

*If yes, please attach a list of chemicals including the quantity and frequency used.
 *If transporting, please attach a route map.
 *Please attach Emergency Response Plan, Safety Plan, and Closure Plan if applicable.

Submittal Checklist:

- Site Map - An aerial view of the project location with event boundaries clearly identified.
- Site Plan - A computer generated plan of the event showing all event components. Ex: Stages, bleachers, chairs, parking, vendors, etc.
- Detailed Project Description - *Please see the explanation above.*
- Fencing Specs - Specs are usually provided by the fencing company and must be submitted at the time of filing.
- Tent Specs - Required for anything larger than a 10' x 10' tent.
- National Pollution Discharge Elimination System Permit or Industrial Waste Discharge Permit
- Hazardous/Flammable Chemical List - Including quantity and frequency used.
- Chemical Route Map for transporting hazardous/flammable chemicals.
- Emergency Response - Indicate emergency access points and lanes, first aid areas, locations of ambulances, etc. throughout the venue.
- Closure Plan - Plans prepared by a traffic engineer describing the traffic and street closure plan.

*Additional items may be requested throughout the permitting process.

Certification

I hereby certify that the statements furnished herein and in any attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

FORM MUST BE SIGNED BY THE APPLICANT OR APPLICANT'S AUTHORIZED OFFICE/REPRESENTATIVE

Sign Here 

Your E-Signature:	Date:
Print Name:	Title: